ADEMARKO Altorney	's Docket No.	:_04860).P2438	ı								<u>Patent</u>
•	Application of											
Applicati	on No.: <u>09/</u>	589,621				(inv	ventor(s)) —				
Filed: _	June 7, 2000)										÷
For: _	DECOUPLIN	IG A CO	LOR BU	FFER	FROM MA	IN MEI	MORY	,				
_	•									R	EC	EIVE
00141416	20101150 501		170		(titl	e)				!	HI (7 200
P.O. Box	SSIONER FOF k 1450	RPAIEN	NIS									
Alexandı	ria, VA 22313	-1450								iecni	nology	Center
_X	A verified st No additiona	atement	to estab	blish sı	omitted. mall entity	status	unde	r 37 C.F.R. {	§§ 1	.9 and 1	.27 is	enclose
	No additiona has been calc (Col. 1)	atement al fee is	to estat required s shown (Col	blish si	mall entity			r 37 C.F.R. §	§§ 1	.9 and 1 OTHE SMAL	R THA	AN A
	No additiona 	atement al fee is	to estat required s shown	blish si below . 2) st No.	mall entity v:				§§ 1	OTHE	R THA L ENT	AN A TTY tional
The fee I	No additiona has been calc (Col. 1) Claims Remaining	atement al fee is	to estate required s shown (Col Highes Previous	blish si below . 2) st No.	w: (Col. 3) Present		SMAL	L ENTITY Additional Fee	§§ 1	OTHE SMAL	R THA L ENT Addii Fe	AN A TTY tional
The fee I	No additional has been calc (Col. 1) Claims Remaining After Amd.	atement al fee is i ulated a	to estable required s shown (Col Highest Previous Paid	blish si below . 2) st No. busly For	v: (Col. 3) Present Extra		SMAL Rate	L ENTITY Additional Fee	§§ 1	OTHE SMAL Rate	R THA L ENT Addit Fe	AN A TITY tional
The fee I	No additional has been calce (Col. 1) Claims Remaining After Amd. * 26 * 4 First Pres	Minus Minus	to estable required s shown (Col Highest Previous Paid *** ***	below below 2) st No. busly For 26	v: (Col. 3) Present Extra 0		SMAL Rate X9	L ENTITY Additional Fee \$	§§ 1	OTHE SMAL Rate	R THALENT Addit	AN A TITY tional se
Total Claims Indep. Claims	No additional has been calc (Col. 1) Claims Remaining After Amd. * 26 * 4 First President Pres	Minus Minus Clai	to estable required s shown (Col Highes Previo Paid ** *** on of firm(s)	blish solution below 2) st No. busly For 26	v: (Col. 3) Present Extra 0 0	+	SMAL Rate X9	L ENTITY Additional Fee \$	§§ 1	OTHE SMAL Rate X18	R THA L ENT Addit Fe \$ \$	AN A TITY tional ee 0
Total Claims Indep. Claims * If the write of the second content o	No additional has been calc (Col. 1) Claims Remaining After Amd. * 26 * 4 First Prest Depender the entry in Col. te "0" in Col. 3.	Minus Minus Minus Minus Minus Minus Minus Minus	to estable required s shown (Col Highes Previo Paid ** *** on of final than the	blish solution below 2) st No. busly For 26	v: (Col. 3) Present Extra 0 0		SMAL Rate X9 X42	L ENTITY Additional Fee \$ \$		OTHE SMAL Rate X18 X84 +280	R THALENT Addit	AN A TITY tional se
Total Claims Indep. Claims * If the write services are s	No additional has been calc (Col. 1) Claims Remaining After Amd. * 26 * 4 First President Pres	Minus Minus Minus Previous Previous Previous	to estable required s shown (Col Highes Previo Paid ** *** on of Manual Paid Formula Paid For	blish solution below 2) st No. busly For 26 4 will tip entry life this spectral in this spe	resent Extra O O Ile n Col. 2, THIS bace. THIS SPAC all or Independents	Add.	SMAL Rate X9 X42 140 Total I. Fee ss than is the h	L ENTITY Additional Fee \$ \$ \$ \$ 3, write "3" in highest number	A	OTHE SMAL Rate X18 X84 +280 Total dd. Fee space. und from	R THA L ENT Addit Fe \$ \$	AN A TITY tional ee 0
Total Claims Indep. Claims * If the write services are s	No additional has been calce (Col. 1) Claims Remaining After Amd. * 26 * 4 First Preside the entry in Col. te "0" in Col. 3. the "Highest No. It end with the "Highest No. It end with the end with t	Minus Minus Minus Minus Minus Previous Previous Previous Previous I Col. 1	to estable required s shown (Col Highes Previo Paid ** *** *** *** *** *** *** ***	blish side of the second secon	resent Extra O O Ie THIS bace. THIS SPAC all or Independent or the	Add.	SMAL Rate X9 X42 140 Total I. Fee ss than is the hoer of co	L ENTITY Additional Fee \$ \$ \$ \$ 3, write "3" in highest number	A this er fou	OTHE SMAL Rate X18 X84 +280 Total dd. Fee space. und from d.	R THALENT Addit Fe \$ \$ \$	AN A TITY tional ee 0 0

Please charge my Deposit Account No. <u>02-2666</u> the amount of \$_____. A duplicate copy of this sheet is enclosed.

	_X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.					
	_X Any extension or petition	fees under 37 C.F.R. § 1.17.				
		BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLI				
Date:	(6/30, 2003	Jebelelle				
Seventh	les, California 90025	James C. Scheller, Jr. Reg. No. 31,195				
		being deposited with the United States Postal Service an envelope addressed to the Commissioner for 313-1450 on June 30, 2003				
Р	onnie Thayer	Date of Deposit				